PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10797155

CLAIMS AS FILED - PART (Column 1)						ımn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			20					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEE	∤	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			9 minus 20=		• 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS								X43=		OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2		TOTAL		OR	TOTAL	72
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
		(Column 1)		(Colum		(Column 3)	1 .	SMALL ENTITY		OR SMALL E		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	PENDENT	CLAIM			X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
										OR	TOTAL ADDIT. FEE	-
ADDIT. FEE ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=	•	OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		!	.145-		,	. 200	
							L	+145= TOTAL		OR	+290= TOTAL	•
	•	A	DDIT. FEE		OR	ODIT. FEE						
		(Column 1)		(Colum		(Column 3)		•	• .			
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	ER :	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	+	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									٠ <u>ا</u>		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR OR	+290= TOTAL	
***	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For IN THIS	S SPACE is	less than	3, enter *3.*	~	DDIT. FEE L		. ,	DDIT. FEE L IMA 1.	·